

Your Guide to Community Protection in Developmental Disabilities



A brief history

In the late 1980s, several terrible and highly publicized crimes brought sex offenses to the top of the public agenda. Since then, laws have been changed repeatedly to better protect the public. Sentences have been lengthened, and sex offenders who have completed their sentences are now required to register and to keep authorities apprised of where they are living. Public web sites make it possible for parents and other concerned citizens to see how many registered sex offenders live in their communities.

This system is certainly not perfect. We are a long way from eradicating sex crimes – or, for that matter, other violent crimes such as arson and assault. And because this new regimen of public reporting keeps sex offenders in the public eye, it can seem that there is a higher rate of sex crimes being committed now than before. In fact, the rate of sex crimes is not higher; they're more publicized.

A group often overlooked

In all the public attention to sex crimes, however, one subset of offenders has not received as much attention: offenders who have developmental disabilities – that is, offenders who have mental retardation, cerebral palsy, autism, or other related conditions. This is a unique group of offenders for several reasons.

- First, they are often both dangerous and vulnerable. Because of their

disabilities, they may be easily victimized or manipulated. They may also have a harder time learning the behaviors and attitudes necessary to keep themselves from re-offending.

- Second, some may have been judged not competent to stand trial. This means they aren't tried or sentenced, and are not under any court supervision. Except for those few who are civilly committed to treatment facilities, they are free to live wherever they choose, and are not required to register as sex offenders.
- Third, some (like other offenders) may also be mentally ill, or be addicted to drugs or alcohol. These "co-occurring disorders" are hard for anyone to deal with, but sometimes they are harder yet for people with developmental disabilities.

A new era of safety

Until 1996, there was no statewide special program for offenders with developmental disabilities. Many offenders in this group lived in our communities without any special supervision, and often without any treatment that would help prevent re-offenses.

In 1996, the state legislature began providing specific funding to the DSHS Division of Development Disabilities (DDD) to establish programs where these offenders could be supervised 24 hours a day, and where their behavior and treatment could be carefully monitored. Since 1996, DDD has established and continuously improved the Community Protection Program, which provides voluntary services and supervision to people who otherwise would be unsupervised in the community.

A client's story —

Fred has an extensive family history of abuse and neglect, with repeated interventions by Child Protective Services. He has been diagnosed with Tourette's Syndrome, moderate mental retardation, and depression. While living in a DDD supported living program, he sexually assaulted a female staff member. He has an extensive history of aggressive

behavior, exposing himself, and other public indecency. He is registered as a Level Three (most likely to re-offend) sex offender.

In spite of his history, however, he has made the transition from prison to the Community Protection Program and is believed to be making progress with treatment.

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A client's story —

Dan was recently released from prison, where he served a term for sexually abusing his nephew. He is registered as a Level One (the least dangerous level) sex offender. He is mentally retarded.

Before he went to prison, he lived with his brother, and received Medicaid and other benefits from the Division of Developmental Disabilities.

Getting out of prison was very stressful for Dan, and it frightened him to be in public. He was very reluctant to participate in an employment program, but he is working with his therapist to prepare to work. In the meantime, as part of his Community Protection Program treatment, he has been participating in community programs and activities with his staff as a way to get used to being out in the world. This strategy is intended to help him adjust to being around other people in a public setting.

A special note

It's important to remember that only a very tiny minority of people with developmental disabilities are dangerous. The vast majority are law-abiding citizens who participate in their communities constructively.

Most adults with developmental disabilities live with their families. Some live in supported living homes run by private non-profit or for-profit firms that contract with DDD for their care. Some live in institutions such as Fircrest or the Rainier School. About 8,000 adults enrolled with the DDD live

with their families, and 3,377 people in various kinds of supported living. Fewer than 2 percent of adults with developmental disabilities enrolled with DDD are in the Community Protection Program with its round-the-clock supervision.

Who is eligible

In 2005, DDD's Community Protection Program serves approximately 380 clients. To be eligible for the program, a person must have a developmentally disability and be at least 18 years old. The individual must also have been charged with, convicted, or have a history of a sexual or violent crime of some sort – such as rape, molestation, stalking, or arson. Not all of these clients have been convicted of a crime, because some may have been judged not competent to stand trial. Clients must also be assessed by a therapist and judged at risk of re-offending.

How this voluntary program works

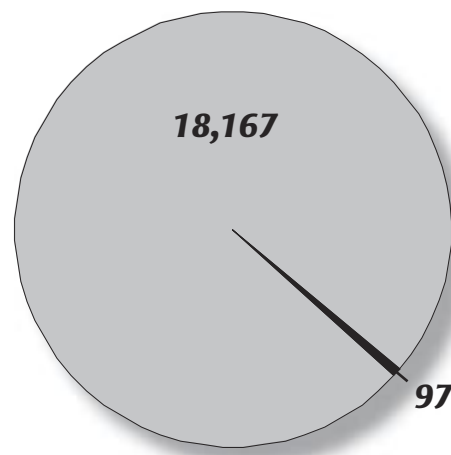
The goal of the Community Protection Program for developmental disabilities is to protect the public while providing clients the support they need to change their lives for the better. It is a voluntary program that offers supervision and support for clients to live in the community and stay out of prison or other institutional settings.

DDD contracts with firms or agencies that specialize in and are trained to provide this kind of support. The contracting agencies help

clients find suitable rental housing. Most often, two or three clients share a house, and the contracting agency hires and trains the staff that will provide 24-hour supervision and support. While the contracting agency provides the staff, DDD designs and produces the staff training materials that people who work with these clients must have. Staff members are trained on both the importance of protecting the community and on the specific needs of these clients. To truly protect the public, the program must do two things: carefully monitor the clients at all times and reduce their long-term risk of re-offending.

Staff do not merely baby-sit clients; they actively help them build different lives with different behaviors. Every client has a support team that includes staff, supervisors, DDD personnel, and a trained therapist. For some clients, the

Where Registered Sex Offenders Live in Washington State (February 2005)



18,167 Registered sex offenders living in the community without round-the-clock supervision

97 Sex offenders with developmental disabilities in community protection with round-the-clock supervision

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support team may also include a drug or alcohol treatment professional.

Each client's team meets a minimum of once every 90 days. Together with the client, team members plan when the client should go to school, get a job, or participate in other positive, life-building activities. They monitor the client's interactions with family and friends, and help the client learn how to create healthy relationships.

Safety for clients and Community

The treatment team is also responsible for setting the level of supervision each client receives in order to protect the public. Except for the lowest-risk clients, houses are equipped with alarms on all the exterior doors and windows so that clients cannot leave without supervision. For most clients, "line of sight" supervision is required, which means that staff must be able to see the client at all times. If the client has a job, a staff member will accompany him or her, and may stay at the job site during the client's shift.

Many people ask why clients stay in this program when they are not required to do so. There are many answers to this question. For some clients, the Community Protection Program may offer the safest life they have ever known. They may have been raised in abusive homes, lived in poverty, or been victimized by another person. Others may have a genuine desire to change their behaviors. It is quite rare for a client to choose to leave the program.

There is another reason that clients stay in the program, as well: they have a chance to learn and grow, and they are treated respectfully as people who have something to contribute to their communities. Although it is not yet common, a few clients have graduated from the Community Protection Program and now live productive and law-abiding lives in less restrictive settings.



What the program costs – and what it is worth

Because of the complexity of client needs and the level of staffing required, this program is expensive: the average cost is just under \$300 per day per client.

Staff must be in the homes of clients 24 hours a day, seven days a week, and must be available to accompany clients to their jobs, and on shopping or other activities. Staff must be very well trained, and this also takes time and care.

Equally important, staff in these homes must be supervised and supported. Their work is very demanding and difficult, and requires a high degree of patience, good judgment, and maturity. Many clients have behaviors and histories that may elicit shock and disgust, and staff must be able to maintain composure and develop the skills to redirect clients rather than show their revulsion. Good staff members in this program are like gold, but their pay is not commensurate with the challenges they face.

In addition, the support team for each client must take the time to provide needed therapy, and treatment

A client's story —

Joe was found not guilty by reason of insanity to charges of felonious assault. He has been diagnosed with intermittent explosive disorder, mental retardation, depression, and hypertension. He has a long history of arson, sexual assault, breaking and entering, and assault. He was sent to a state mental hospital, where he was stabilized. Hospital staff and his treatment team recommended that he be released to a Community Protection Program

home near his mother. As part of the program, he receives specialized therapy from a sexual offender treatment professional and receives psychiatric medication from a local mental health provider. He requires highly structured daytime activities to keep his focus. Although he has been referred to a vocational counselor to help find a job, this may be a goal that is not achieved for some time.

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for mental illness or drug abuse if necessary. DDD staff must work with other agencies, such as the Washington Department of Corrections and the DSHS Juvenile Rehabilitation Administration to make plans for offenders who are about to complete their sentences and need community placements. They must also coordinate with mental health care providers, drug and alcohol treatment specialists, employers, schools, and law enforcement.

DDD must also develop and monitor the

contracts with the specialized agencies that actually provide the homes and the staff for clients. The quality and consistency of the program must be ensured – and, over time, continuously improved.

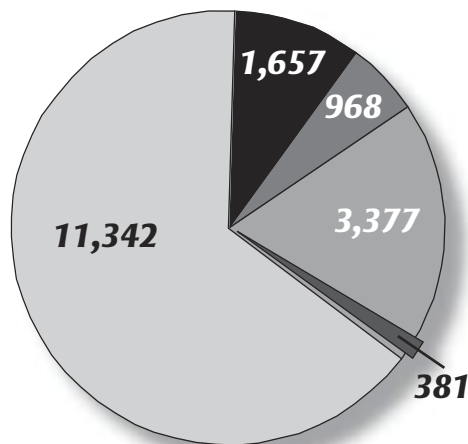
This is a very complex and challenging program because it deals with complex people who have very challenging behaviors. There are no easy solutions to the problem of how to protect the public and help redirect the lives of people who are both dangerous and vulnerable.

However, we do know that this voluntary Community Protection Program for developmental disabilities has made the public safer and has provided specialized care and treatment that the participants, who have severe disabilities, would not have received otherwise.

One important measure of the program's success is that, since 1996, no client has offended against a member of the public. In that sense, we have achieved a key goal of the program to date.

Analysis of Developmental Disabilities Clients Living in Community Settings in Washington

(December 2004)



- 11,342** Adults living with their families or on their own
- 3,377** Adults living in supported living
– Of these, **381** adults are living in Community Protection settings with round-the-clock supervision
- 1,657** Adults living in Adult Family Homes and Adult Residential Centers
- 968** Other community group settings

Sources: DSHS, Division of Developmental Disabilities, August 2005

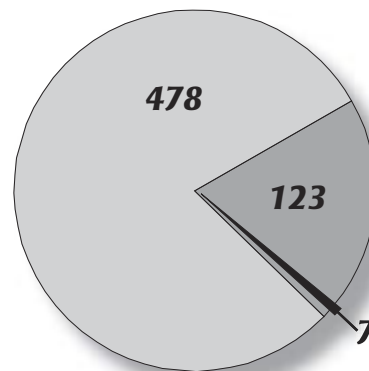
Careful Monitoring of Supported Living Programs in Developmental Disabilities

(December 2004)

The Division of Developmental Disabilities (DDD) takes care to establish a safe, supportive environment for people with disabilities in community based supported living programs. Any client or caregiver is encouraged to report concerns.

On a daily basis, residents and caregivers in developmental disabilities supported living programs exercise the right to make a report. Concerns range from simple altercations to serious allegations of aggression or mistreatment.

In 2004, DDD received 608 allegations and reports of concerns involving the approximately 380 people living in DD Community Protection. Each was reviewed to determine the appropriate action. The chart shows the outcomes of reviews in 2004.



- 478** Do not meet screening criteria for abuse or neglect
- 123** Referred to Adult Protective Services and/or law enforcement and were investigated
– Of these, **7** were substantiated by APS as cases of abuse or neglect (2004)

Sources: DSHS, Division of Developmental Disabilities

For more information:

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